Accountability Report
Fiscal Year July 1, 2001 – June 30, 2002

Section I – Executive Summary

The South Carolina Medical Malpractice Patients' Compensation Fund (PCF) is a state agency, which was created by the General Assembly in 1976 for the specific purpose of providing medical malpractice coverage in excess of South Carolina healthcare provider's basic or primary insurance coverage. The PCF is authorized by Sections 38-79-410 through 38-79-490 of the South Carolina Code of Laws. The PCF is self-supportive through member fees and assessments, when appropriate. The PCF currently receives no federal, state or other funding. The PCF operates under the direction of a thirteen-member Board of Governors. A professional insurance brokerage and risk management services firm, Marsh USA, Inc., provides management oversight of day to day operations and reports to the Board of Governors. The PCF issues certificates of membership and collects and deposits membership fees in a restricted state of South Carolina account with the state treasurer, who invests the PCF's money along with other state investments. The PCF monitors claims and lawsuits against its members, which are investigated, handled and defended by the basic insurance carrier. The PCF pays any portion of settlements and/or judgements that are in excess of the member's basic coverage. The PCF affords the same coverage that is afforded by the member's basic insurance policy, except for the amounts of liability coverage, which are unlimited. The PCF requires a minimum limit of $200,000 per claim and $600,000 annual aggregate of all claims under the member's basic coverage.

The PCF has made a number of positive changes in its operation throughout the fiscal year. The Board of Governors met on a monthly basis to carry out the Board's agenda and the business of the PCF. Some of the issues addressed are as follows:

- Actuarial Issues
- Underwriting Standards
- Reserves and Rates
- Pending Claims and Settlements
- Legislative Issues
- Reinsurance
- Plan of Operation

In late 2001, the PCF entered into an agreement with Marsh USA, Inc., a professional insurance brokerage and risk management services firm, to provide management oversight to the PCF and report directly to the Board. Some of the positive changes that have occurred are as follows:

- Claims Management Guidelines and Procedures
- Underwriting Manual of Rules and Rates
- Claims Reserving to Exposure
- Ongoing Communication Protocols with Basic Insurance Claims Personnel and Defense Counsel
- Claims Communication with PCF Claims Committee
- Attendance at Mediations
- Establishment of Board of Governors Executive Committee

The PCF's mission is to provide excess medical liability coverage to its members who are South Carolina licensed healthcare providers at an affordable cost.

The Patients' Compensation Fund objective is to better serve the citizens of South Carolina through a viable and adequately funded malpractice program for physicians, dentists, hospitals and healthcare facilities. The PCF Board of Governors is committed to strengthening and preserving the Patients' Compensation Fund in order to assure that the licensed healthcare providers of South Carolina have adequate liability and litigation protection.

Other changes during this period:

Assessment

The PCF Board of Governors determined that a premium assessment was not necessary during this fiscal year. The last assessment was in June 2001. The statute grants the Board the authority to make assessments under Section 38-79-450 of the Code of Laws of South Carolina, 1976.

Rate Increase

Following an actuarial review, which was conducted by a national actuarial firm, at the direction of the South Carolina Department of Insurance, the PCF Board of Governors voted to implement a membership fee increase of 27.1% on June 1, 2002. This increase was based on the actuary's recommendation and was approved by the South Carolina Department of Insurance. The Board of Governors considered a number of factors in their deliberations for a rate increase, including reducing the PCF's deficit, competitive place in the commercial market and actuarial review.

Section II – Business Overview

The Patients' Compensation Fund functions with a staff of three full-time equivalent employees and one part-time. The program manager was hired on December 6, 2001; she joined two other employees, a PCF Fund Coordinator and an administrative assistant. The part-time individual serves as an administrative assistant. The agency does not currently have an Executive Director. The professional management firm is currently filling this role and reports to the Board of Governors. At the close of the fiscal year, the PCF had a membership total of 7,890. This includes one nursing home, 33 clinics, 9 hospitals, 1,050 professional associations, 4,886 physicians, 1,217 dentists, 64 oral surgeons, 38 pharmacists and other healthcare providers. The PCF paid a total of $26,641,097.70 for claims, settlements and judgements during the fiscal year. The PCF collected $26,000,000 in premium.

Section III – Leadership

The Board of Governors is composed of three physicians, two dentists, two hospital representatives, two insurance representatives, two attorneys, and two representatives of the general public, all appointed by the Governor. The appointed members serve a term of six years. The Board develops a plan of operation for efficient administration of the Fund, consistent with the provisions of the plan of operations and Article 5 of the enabling legislation.

Strategic Planning

The Board is engaged in extensive strategic planning throughout the fiscal year, which included the development of a revised plan of operation, underwriting manual of rules and rates and claims handling procedures. The Board has reviewed and is considering legislative changes, which will allow for the more efficient operation and management of the Fund. The plan of operation details procedural information that provides for economic, fair and nondiscriminatory administration and for prompt and efficient provision of excess medical malpractice insurance. The plan contains other provisions including, but not limited to, assessment of all members for expenses, deficits, losses, reasonable underwriting standards, acceptance and cession of reinsurance, appointment of servicing carriers and procedures for determining the amounts of insurance to be provided by the Fund. The plan of operation and any amendments to the plan are subject to the approval of the Director or his designee.

Customer Focus

The Fund provides customer services to its members through enrollment of new members, renewal of current members, collection of fees and assessments, and payment of claims. It provides credentialing information to hospitals and managed care organizations.

The Board has authorized the revision of the membership agreement and the development of applications to better serve its members. The Board continues to allow its members to pay their annual membership fee on a quarterly basis, with a small handling fee.

Physicians and dentists that attend the South Carolina Medical Association and South Carolina Dental Association Risk Management Seminar, which is sponsored by the South Carolina Medical Malpractice Liability Insurance Joint Underwriting Association (JUA), receive a discount in their annual membership fee. The discount is equivalent to a maximum of 25% of the base premium, up to a maximum of $2,000. It is a one-time discount fee. The discount does not apply to a physician's professional association.

The healthcare providers are credentialed by hospitals, insurance companies and managed care organizations. In order to obtain hospital privileges and participate in managed care organizations, healthcare providers must show proof of professional liability insurance coverage, as well as any claims history. The PCF receives approximately 6,000 requests for this information annually and the PCF provides these requests to its members with a sense of urgency.

Information and Analysis

The Agency has upgraded its computers and technology equipment throughout the period. This includes the purchase of new terminals, monitors and needed software. More improvements are expected throughout the coming year. The Agency continues to utilize the services of an independent vendor for programming purposes, which are critical to the ongoing service efforts due to customer needs.

Human Resources Focus

As previously stated, the Agency consists of three full-time employees and one part-time employee. The professional management firm, along with the Board of Governors, is closely monitoring the employees ability to meet the demands and needs of its members, which continue to increase. The PCF is a highly complex organization that works extensively with legal counsel for claims defense, expert witnesses, and claims investigations, all in conjunction with the primary carrier. The effective selection, coordination and management of these professionals are critical to the success of the PCF. It requires employees with special skills and a high work ethic.

Process Management

The Agency continues to make improvements in computer software to ensure that its members are receiving efficient and accurate information. There is a tremendous need to continue to explore and expand technological capabilities that will allow the agency to meet future needs of its members.

Business Results

The principal challenge of the PCF is to retain current members and at the same time, increase premiums to reduce the loss reserves liability. Revenue is needed to maintain agency solvency, but it is a delicate balance, as a significant loss in members would result in a dramatic increase in premiums for those members who remain in the Fund. The other significant challenge is to manage the claims process effectively and coordinate same with the primary carriers for satisfactory resolution of all claims. The PCF's ultimate goal is to provide medical professionals with effective medical malpractice liability coverage, while ensuring that the PCF is in a financially sound position to pay all of its liabilities.